

<u>L4</u>	(psgl\$) and (hypertension or hypertensive)	29	<u>L4</u>
<u>L3</u>	(psgl\$) and (hypetension or hypertensive)	6	<u>L3</u>
<u>L2</u>	(psgl\$) and (hyperension or hypertensive)	6	<u>L2</u>
<u>L1</u>	eppihimer.in.	3	<u>L1</u>

END OF SEARCH HISTORY

[First Hit](#) [Fwd Refs](#)[Previous Doc](#)[Next Doc](#)[Go to Doc#](#)

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L2: Entry 3 of 6

File: USPT

Sep 7, 2004

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TITLE: Inhibition of L-selectin and P-selectin mediated binding using heparin

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PARENT-CASE:

This application is a continuation of U.S. application No. 09/246,993, filed on Feb. 8, 1999, which issued on Jul. 22, 2003 as U.S. Pat. No. 6,596,705 based on, and claims the benefit of, U.S. Provisional Application No. 60/073,998, filed Feb. 9, 1998, now abandoned, the content of both of which is incorporated herein by reference.

[Previous Doc](#)[Next Doc](#)[Go to Doc#](#)

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Outcome of stroke in patients undergoing ***hemodialysis***

Mattana J; Effiong C; Gooneratne R; Singhal P C

Division of Nephrology, Long Island Jewish Medical Center, New Hyde Park, NY 11040, USA.

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BACKGROUND: While elevated levels of serum creatinine have been shown to be a risk factor for diminished survival after stroke, it is unknown how renal replacement therapy may affect the outcome. **METHODS:** Strokes occurring in 26 consecutive patients undergoing **hemodialysis** at our institution were **reviewed** and clinical and laboratory variables and outcome were compared with those of patients who had a stroke but had normal renal function. **RESULTS:** Twenty-four strokes in the patients undergoing ***hemodialysis*** were ischemic while only 2 were hemorrhagic. Virtually all the patients had **hypertension**, half had diabetes mellitus, and most had some prior evidence of cardiovascular disease at the time of their stroke. Fifty percent of the patients undergoing **hemodialysis** had a good outcome (defined as being discharged home) while the remainder had a poor outcome (defined as dying or being discharged to a nursing facility). The combined presence of ***hypertension*** and coronary artery disease had a sensitivity of 91.2% for identifying patients with a poor outcome, while male sex, the presence of coronary artery disease, and the combined presence of **hypertension**, coronary artery disease, and/or congestive heart failure had sensitivities greater than 80% but low specificity. The outcome of patients undergoing **hemodialysis** was comparable with that of a control group of patients who had a stroke but had normal renal function, although the length of hospital stay was greater (mean [±SEM] 29.8±6.4 days vs 12.7±1.1 days, respectively; P<.01). **CONCLUSIONS:** Hospitalized patients undergoing **hemodialysis** in whom stroke occurs appear to have as good an outcome as that of patients with normal renal function, although they are hospitalized longer. In addition, certain clinical variables seem to be associated with a worse outcome. Aggressive measures to prevent and treat stroke seem as warranted for patients undergoing **hemodialysis** as for patients with normal renal function, although interventions to reduce the length of hospital stay are needed.

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